

THE CALIFORNIA HOMŒOPATH.

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Original Articles.

The Relations of Homœopathy to Bacteriology.

BY DR. J. KAFKA, PRAGUE.

BY S. L.

We live in an age where views constantly change, and for the last sixty years one saw at the university natural philosophy triumphant, only to give way to the pathologico-anatomical doctrine, which again had to yield to the physiological school. Virchow then preached cellular theories, only to be cast aside by antipyresis and antisepsis, and at the present moment bacteriology sits high on the temple of medical lore, and the contagium vivum seu animatum, these microscopic organisms are zealously searched for in all external and internal diseases, and the poor animal creation, cats, dogs, rabbits, guineapigs, rats and mice must be sacrificed for the elucidation of this theory. Pasteur proved the presence of a contagium vivum for the process of fermentation, of decomposition and sepsis, also for infectious diseases, and demonstrated by experiments that fermentation, decomposition and sepsis as well as infectious diseases can be prevented if microbes are prevented entrance. Lister built on it his antiseptic treatment in surgery and midwifery, and Koch and Broegen introduced the antibacterial treat-

ment for internal diseases. Thus specific microbes were detected for typhoid fever, croupous pneumonia, cholera, tuberculosis, malaria, gonorrhœa and syphilis; for many skin-diseases, for tetanus, but Metschnikoff clings to his phagocytes as the destroyers of many microbes, namely the liberated white blood-corpuscles, which oppose bacterial organisms. When the microbes, who exert at the expense of albuminous matter, produce a decomposition of these albuminous substances, ptomaines are formed, a poison of which minimal doses suffice to cause dangerous symptoms and even fatal results.

How does homœopathy relate itself to this new doctrine? Can it oppose successfully the action of the microbes and render them innoxious, can it restore health so that no noxa for the organism is left to trouble the sufferer, or is homœopathy defenseless against bacteriae, and our remedies can they cope or not with the diseases resulting from their entrance into our bodies? What can we do to counteract ptomaines and all similar inimical factors, which cause so many infectious diseases, inflammations, etc., or lay the foundation for scrofulosis, rachitis, etc.?

That excellent clinician, Prof. Nothnagel of Vienna, answers it for us. He says (*Med. Klin. Rundschau*, 24, 90): "Typhoid fever belongs to the acute infectious diseases, produced by bacteriae. According to our notion it is not a direct action of this bacteriae, which causes the disease, but the poisonous substances originating from the bacteriae in the body, the ptomaines and toxias; and Briegen demonstrated the toxias for several infectious diseases. Thus tetanine is the specific poison for tetanus. Lately the poison for diphtheria was found, and we may therefore also claim a toxine for typhus, produced by the presence of microorganism characteristic for typhoids. This typhoid toxine acts on all organs and there is not an organ where not in some case functional or anatomical changes may happen, and these anatomical and functional disturbances are to us the characteristic symptoms from which we diagnose the case as typhoid fever. In relation to the *indicatio morbi* we might try to destroy the carrier of the disease in the organism, as syphilis by mercury, malaria by quinine, articular rheuma-

tism off and on by salicylic acid, and then the question looms up whether we can do the same in typhoids, and we have to acknowledge that so far we know of *no remedy which in typhoids would correspond to the indicatio morbi. We must rely therefore on the indicatio symptomatrica. We must be satisfied to battle with the symptoms, in order to be of benefit to the patient.*

The same symptomatic treatment I already recommended over twenty years ago in my *Therapie II*, 570, and as there is perfect agreement on this point, we go one step further and affirm that we leave entirely alone the bacteriae, cocci, and other microorganisms, which are the cause of so many different diseases, that we do not trouble ourselves about the ptomaines and toxines, and that we treat, as of old, each and every disease according to its symptoms homœopathically, without considering our drugs bacterocides, for, though our treatment may lead to a rapid cure, we still fail to prove at oculos the destruction of the bacteriae. We might again ask whether bacteriae originated in the present age, and whether they were not always present in ages past, for millions of patients have recovered from diseases, without that any physician had suspected bacteriae. Now, at once, the greatest stress is laid on their presence, and their destruction the essence of all treatment. After all, perhaps Metschnikoff is right that the phagocytes destroy the microbes.

According to my personal opinion the theory of bacteriology is entirely at fault: the parasites and their poisons do not endanger life, but the high degree which a disease may assume. Antipyresis has failed, for in spite of thermometers and curves our school remained true to its *materia medica* and treats cases according to the totality of the symptoms, but not according to the rise of temperature exclusively. Let us remain true to ourselves and to our school, and in closing cheer with me: *Vivat et crescat homœopathia!* in spite of bacteriae and ptomaines, or any other fad.—*Berl. Hom. Zeitschr.*, X, I.

Causticum is useful in laryngeal affections, especially in aphonia with nervous weakness. Patient is worse morning and in dry cold weather—*Van Baun*.

AN EXPERIENCE WITH A COUPLE OF QUACKS.

BY E. STEVENSON, M. D., VANCOUVER, B. C.

It was in the fall of 1864. After drifting about on mining excitements I had located in The Dalles, Oregon. I had got nicely fixed with new furniture in an office; nearly all my capital was in the furniture. During several weeks no patients presented except a chance case of surgery kindly sent me by an allopath. I rode forty miles at a gallop. It was a pistol wound, the ball entering in the lower right breast and presenting just under the skin between the spine and scapula. There was more trouble than money in the case as usual. The case recovered.

Meantime two or three persons in succession called and asked me why I did not go to Blank City, as a doctor of my school was just about to leave after making a fortune.

I wrote him and got an evasive answer commencing thus: "I doe not no how a dals is for hompathy." The balance I forgot but the spelling was worse to the end. Hearing that he had abandoned the place I sold my new furniture at auction and hied away.

On my arrival everybody confirmed what I had been told, so I announced myself as successor to Doctor Duncce. It took about a month for the thing to get around, but after that I was moving night and day. Money-gold dust was plenty so I raked it in. But after eighteen months Dr. Duncce returned, disowned my acquaintance and went to work.

Many had complained that I was so young and had longed for the old doctor. I defended myself by publishing his letter verbatim. Blank City itself was on the down grade and so was medical practice generally. My hero undertook everything. His forte was not the church or society trick but *gas* straight, wonderful cures, great operations. After a threshing machine accident he cut off a hand, put it in a jar in his office window, causing thereby an abortion. His office was flush with the side walk.

But he ran foul of a malpresentation, another hand which pointed to his ignorance, and the mother's life was only saved after his long continued assurances that "all was

right" by instruments in other hands. He had talked the ensuing uproar pretty well down when he fell into another ditch.

A man caring for an "entire" horse had him out for exercise, when rearing high he came down with a hoof on each arm, dislocating both bones downwards into the axillar. Our hero treated the case with splints and brass buckle bandages exclusively for nine weeks, when the patient stepped into my office saying that although the swelling was gone he could not use his arms.

I soon told him that they were all right excepting that they were both out of joint still. One of these arms was successfully treated, the other could not be reduced. Our hero now took his departure but had eventually to pay nearly 4000 dollars for malpractice. A couple of years afterwards, owing to this and the morebund condition of the town itself I left also.

About sixteen years later I again visited Blank City which had meantime been revived by railway influence, and I found another quack sweeping the country medically. He was about as ignorant as the other but much more cunning. He was very skillful in running churches and societies, very affable, a great hand shaker. His ability was in "catching the hare," but he took the precaution of employing two educated doctors to prompt him in cases of any difficulty, which to him were numerous. "I staid out all last night," one of these confessed to me, "in the darkness and storm to prompt Dr. ——— in a tedious case."

Under the caption of "THREE CARD MONTE IN THE MEDICAL PROFESSION" I wrote and had printed a dodger which heavily scored the community and let the wind completely out of the sails of my hero No. 2. The lawyer can choose his jury, but the medical man has to submit to the grossest injustice from a "catch as catch can" tribunal, the catch being commonly a solid extract of stupidity and ignorance. This injustice, too, is inflicted at a terrible cost to the public in deformed limbs, uncured diseases, vacant seats by the fire-side, a cast of blood. Will not a hint be taken and skill in running a church or society, tooting one's own horn, and other tricks not longer be considered equivalent to skill at the bedside in curing or relieving the sick!

A doctor whom I met on the street yesterday and of whom I made the usual inquiry about business said it was dull and he thought that the new doctors were most busy. You know why I suppose said Dr. Blank is running the methodists? O yes, said he. A lady of my acquaintance and one of my patrons told me that a *deputation* (women of course) had called on her to patronize their (methodist) doctor!

A PECULIAR CASE.

By F. W. SOUTHWORTH, M. D., TACOMA, WASH.

On Sept. 20th, was called to attend a lady client of mine in her fifth confinement. She is a young woman of 26. No predisposition to any particular form of dyscrasia.

On my arrival I found she had been in labor about two hours. Examination elicited a left occipital posterior presentation,—os dilated about size of a half dollar. Pains regular and expulsive. On sweeping my finger around external os to test its distensibility, I encountered a sensitive point on the anterior lip, with a corrugated like feel to the mucous membrane. As she had had ulceration of the os a year before, I thought it probably the remains of some such condition. I said nothing about it and labor progressed rapidly—two hours later giving into the nurse's care a 10-lb boy.

The placenta came away freely all but a small piece, and going in after it with my fingers, I encountered something which caused me wonderment and surprise. This peculiar something protruded from the ostium vagina and lest it should get away, I tied a string about it and traced it up and found it adherent to the anterior lip of the womb. (See cut.)

The patient was somewhat uneasy with my investigations and complained bitterly whenever I accidentally drew on the string, but I assured her everything was all right. She made a good reaction, and in two months, an examination, found the process of involution had completely absorbed the hypertrophy.

Though this case presented to me very interesting points, and may be comparatively common—though I find little if

anything said in regard to these elongations or hypertrophies of the cervix—it may be of use to a young practitioner who may encounter just such a case and get scared. To all such I would say, “say nothing and leave it alone, nature will take care of it.”

I would suppose, from a physiological standpoint, that these hypertrophies were the result of over activity in the formative elements, and becoming displaced, so to speak. These conditions of abnormal growths are the result.

A CASE.

BY J. L. COOMBS, M. D., GRASS VALLEY, CAL.

Four years since I saw a young lady who had driven a needle into the deep muscles of “ball” of hand, back of thumb, and showed the eye-end. Extraction proved nearly impossible at this time, so I resorted to this method:—a thick corn-plaster, perforated, was placed over the point of entrance, and fortified in position with flexile collodion; absorbent cotton placed in the center with instruction to keep moistened always with a mixture of glycerine and water medicated with calendula; requested her to call again on the fifth or seventh day, or at any time when exposure of needle was made. She was shown how to make pressure in proper direction by pressing upon her knee, or a chair, etc. Not having heard from her in about ten days, called upon her mother, a quasi-nurse, who said they had removed it the next Sunday—the sixth day.

Simple as such a method seems after having been thought of, it is worth noting.

The young lady's mother advised me that her daughter was advanced in pregnancy to between three and four months, and that was one reason why more active method was not attempted. Heard no more then for some months, until a funeral notice mentioning the name, attracted my attention. After a reasonable time, called upon the mother, midwife-quasi-nurse and was told that her daughter had died with or in, puerpural convulsions. Upon inquiry as to whether

the physician who was called had been informed of the punctured wound, caused by needle; she replied, "What could that have to do with it?"

So do I inquire for a description of the spasms given me by the mother-nurse—plainly pointed to tetanus, or that the eclampsia were of that form.

When called upon to remove the needle, the woman was usually sensitive to pain, and received a dose of cham, 3x; and when in two hours I returned to attempt removal of needle-point, was much more calm. She took *hypericum* home with her for use.

Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

SKIASCOPY (or The Shadow Test.)

In a former article in these columns we gave a brief history of skiascopy, with the contradictory statements in relation to the method of using the system that have characterized our literature on this subject. By the kind courtesy of Dr. H. V. Wurdemann, of Milwaukee, we are permitted to present our readers with illustrative cuts of his skiascopic disc, which is doubtless the most complete, practical and convenient instrument of its kind known to the profession to-day. The apparatus consists of a hard rubber disc, 4 mm. in thickness, and 30 cm. in diameter, and bearing in its periphery 24 lenses: 12 each, plus and minus, in dioptries, as follows: .25, .50, .75, 1, 1.25, 1.50, 2, 2.50, 3, 4.50, 6, and 8. The disc revolves on a movable pivot attached to a brass rod, which is fastened to the wall of the dark room, and can be swung to the wall when not in use. It can be adjusted to the sitting or standing posture, and to the height of any patient, by means of a screw fastening it to the vertical rod. Across the back of the disc will be seen a piece of hard rubber covering three lenses at each of its broader extremities, with an aperture in its center through which only one lense

can be seen at a time, and, being stationary, the disc revolves before it. It has a clip in which extra lenses from the trial cases can be used; and a flange fitting the eye of the observer, which shuts out all peripheral rays of light, thus avoiding confusion. A tape measure is attached to the front and center of the disc for determining the distance between the observer's eye and that of the patient. The room should be perfectly dark, and an argand burner placed over and just behind the head of the patient. The examiner then reflects the light into the patient's eye by means of a concave ophthalmoscopic mirror held at a distance of about forty inches from the examined eye. The patient then revolves the disc under the direction of the oculist, using the right hand for the right eye and the left for the left.

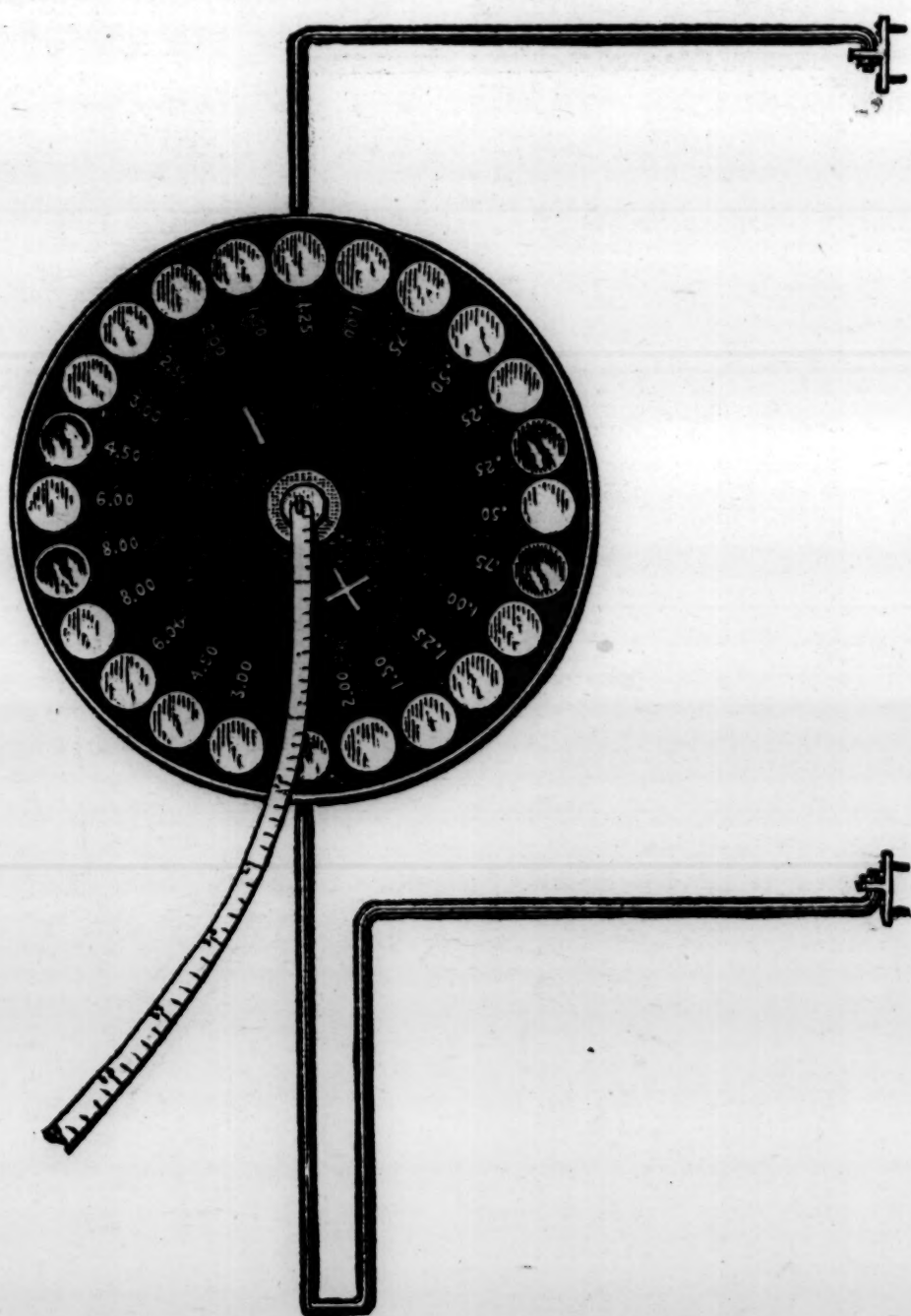


FIG. 1—FRONT OF SKIASCOPE.

Dr. Wurdemann claims the ability to measure by the skiascopic test as low as .25 D. of ametropia, and gives the following rules:

"1. Inspection.

"2. In the dark room at 1 m. distance from eye of the patient, I observe the *apparent brightness* of the lighted area of the fundus (using the *concave* mirror), then the *movement* of the shadow (against or with the mirror), the *rapidity* and the *angle* at which it appears to move.

"3. Examine the fundus by the indirect method.

"4. Examination of the anterior structures by oblique illumination.

"5. Examination of the fundus by the direct method, in which the refraction is determined and noted.

"6. Examination by skiascopy. Swing the disc on the arm from the wall and commencing with .25 D. plus or minus (according as the shadow moves with or against the

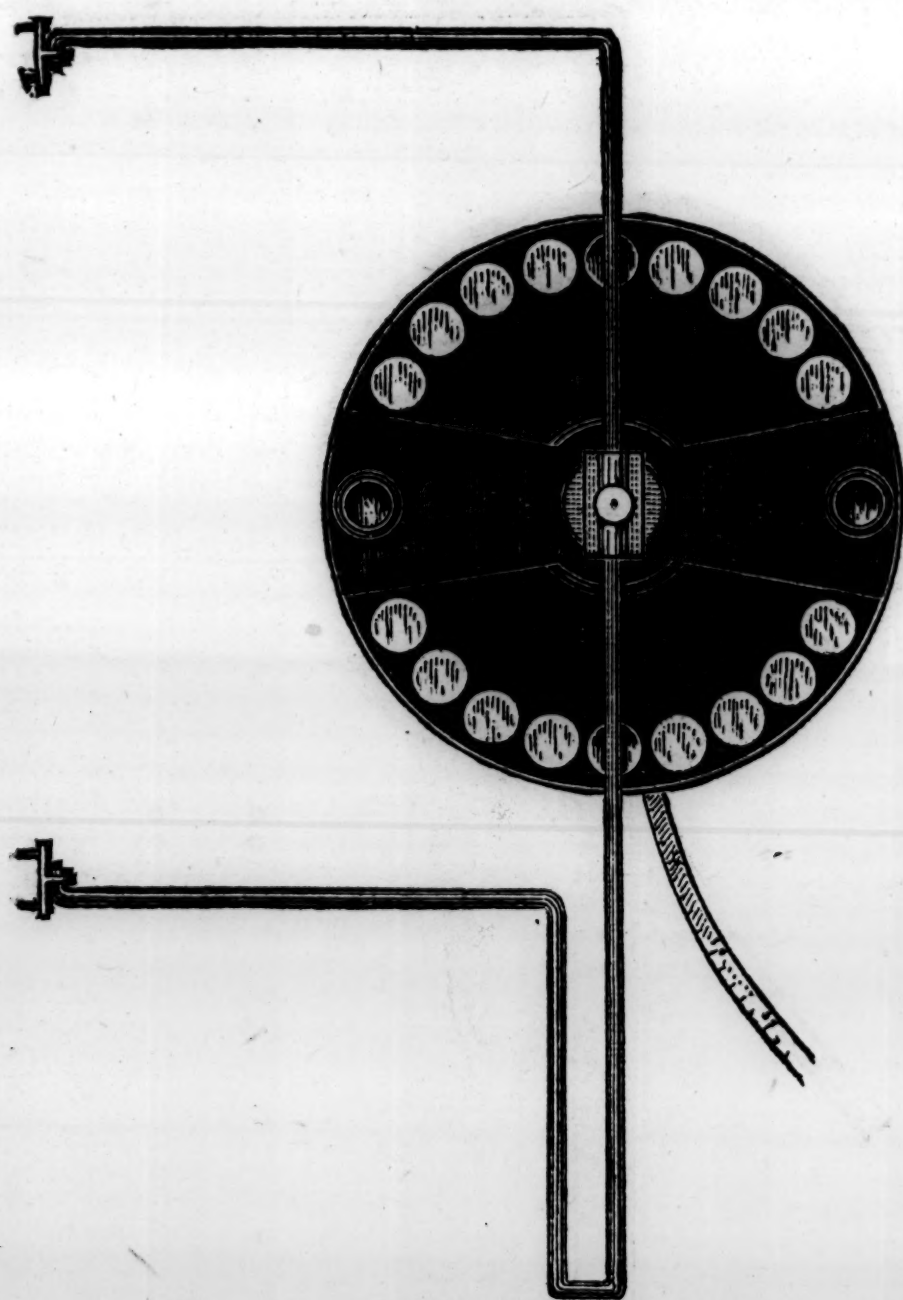


FIG. 2—BACK OF SKIASCOPE.

mirror); I proceed till a lense is reached that *neutralizes*, the next lense *reversing* the movement. In case of myopia this lense is .75 D. weaker than the refraction of the eye. In

hypermetropia it is the same degree stronger. For instance, a myopia of 1 D. will be neutralized by $-.25$ D., while a hypermetropia of 1 D. will require $+ 1.78$ D. Thus in hypermetropia we *subtract* .75 D., and in myopia *add* .75 D. to the strength of the neutralizing lense. The vertical meridian is first examined and the result committed to paper, then the horizontal meridian, and lastly the oblique ones. One meridian must be dealt with at a time or confusion will result.

“7. Examine with the trial lenses, test letters and diagrams in the light room, (a procedure that has been greatly facilitated by the previous methods).

“8. Correction by skiascopy, of lenses found, the patient wearing them in the trial frame.

“9. Correction by the direct ophthalmoscopic method.

“10. Trial by patient for reading and distance. The objective method (direct examination and skiascopy), and the *subjective* method of examination are direct checks upon each other.”

Colleges and Hospitals.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

The American Institute's Committee on the International Homœopathic Congress is endeavoring to give direction and character to the essays and discussions of the Congress and to the consideration and accomplishment of this object, more time and energy have been devoted than to any other part of the committee's labors. It would seem that as the themes and discussions of a national medical association naturally take a broader scope than those of a local society, so the work of an International Congress should be more comprehensive and far-reaching even than that of a national convention. This committee is seeking therefore to bring before the approaching Congress some of the highest and broadest questions that confront our profession in all its departments. It is important that the Congress should dis-

cuss, for instance, some of the broad and imperative issues of modern surgery, rather than the technical details of some minor or major operation; the influence of the law of cure in a whole realm of maladies, rather than the indications for this or that remedy in some particular disease; the construction and promulgation of a materia medica, rather than the symptoms of an individual drug. To this end our committee has labored and, thus far, with most flattering prospects of brilliant success. Papers bearing upon these classes of subjects, are in course of preparation by physicians selected from among those best qualified for the work, while others equally distinguished in the various departments have consented to take leading parts in the discussion of these papers.

In order to correct a misapprehension it may be stated that the object of the committee is to serve the Congress, not to control it. Undoubtedly the Congress will adopt and enforce rules of its own, those governing the reception and discussion of essays included. This committee does not deem itself authorized to reject any paper that may be offered on any medical or surgical topic whatsoever. Its object is to include papers of a certain character, but not to exclude anything. All essays, whether prepared at the instance of the committee or as voluntary contributions must be passed upon by the Congress itself or by its delegated authority. But the committee will probably recommend and urge that such of the essays as are more or less in harmony with the above mentioned views shall take precedence of others, and it is quite likely that these will occupy nearly all the available hours of the session.

Notice is hereby given that to insure the publication of the title of *any* paper in the "Annual Circular and Programme" said title must be in the hands of the undersigned on or before Monday, April 5th, and the paper itself should be sent to Dr. T. Y. Kinne, of Paterson, New Jersey, Chairman of the Committee, as soon as practicable thereafter in order that provision may be made for its discussion.

PEMBERTON DUDLEY, M. D.,

Sec. of Com. and General Secretary, A. I. H.,
S. W. Cor. 15th and Master Sts., Philadelphia, Pa.

Editorial Notes.

THE medical "Cinch" bill which the Allopaths of California are striving so pugnaciously to have made a law is without doubt one of the greatest outrages ever attempted in even this law-cursed State. At every session of the Legislature, Sacramento is overrun by a hungry horde of unprincipled wire-pullers, but at no previous time has more brazen gall been displayed than by the men who conceived the bill which Assemblyman Hawley introduced a few weeks ago. It is a gross insult to the intelligent citizens of California, and has called forth such a storm of adverse criticism from the press of this State that we are confident it will meet ignoble defeat should its patrons have the hardihood to bring it to a vote. The original bill bore upon its face its own condemnation, so that even the cheeky sponsors of this medical inquisition were forced to modify their first demands. The bill as it now stands, however, is little improved, for should it become a law, the entire control of medical affairs throughout the State would still be in the hands of the self-styled "Regulars."

California is not really suffering for any sort of medical legislation. The law as it now stands is working in a perfectly satisfactory manner, no injustice is being done to anyone, and if the men who are wasting their time and money in the contemptible endeavor to influence legislation in Sacramento would go home and attend to their own private affairs, everyone except a few unregenerate and hide-bound allopathic fossils would be better satisfied.

From a score of editorials, which have appeared in the daily press since this infamous bill was first introduced, we clip the following:

Under the head of "A Medical Joker," the San Francisco *Examiner* says:

Certain "regular" physicians of this State, unable to reconcile themselves to the spectacle of cures effected by the unorthodox means, have moved upon the Legislature for the purpose of securing a law under which heretical practitioners may be shut out. Assemblyman Hawley has been honored with the privilege of taking charge of the necessary legislation, and he has introduced a bill (A. B. 240) embodying the ideas of his patrons.

At present each school of medicine has its own Board of Examiners, empowered to grant certificates of competence, the fee for which is the moderate sum of \$5. This system has worked well so far as the public is aware, but it has the fatal defect of making homœopathic and eclectic physicians independent of "regular" control.

Mr. Hawley's bill corrects this fault. It places the whole medical profession of the State in the power of a new Board of Examiners, consisting of seven members, to be appointed by the Governor, one from the faculty of each regularly incorporated medical college in operation on the 1st of January, 1891, and the remainder from the profession at large. There are five medical colleges in the State—three "regular," one homœopathic and one eclectic. That leaves two members to be appointed at large. Should these belong to the dominant school, as they naturally would, the board would consist of five "regulars" and two irregulars.

The bill further provides that every person desiring hereafter to begin the practice of medicine in California must not only be a graduate of some established medical school, but must personally pass an examination before the new board. He must pay \$20 on filing his application, and should he fail and try again, he must pay \$10 on each subsequent trial. No certificate is to be issued without the affirmative votes of at least five members of the board.

If the "regulars" are successful, therefore, in securing five members to start with, they can license all applicants of their own school and refuse to license any others. But what if at any time they should fall short of the full five required to license their own men? That is thoughtfully provided for. Under such circumstances the President and Secretary of the board may issue a "temporary certificate," good until final action.

Physicians already provided with certificates from the present Boards of Examiners are not required to obtain new ones, but they need not congratulate themselves that they are forgotten. The new board is empowered to revoke their certificates for "unprofessional conduct," and the heretic who is always professional in the opinion of his orthodox rival must be a remarkably discreet practitioner.

The bare recital of the provisions of this impudent bill is enough to condemn it. It should be suppressed with as little compunction as a "regular" physician would feel in extinguishing a homœopath.

The *San Francisco Chronicle*, under date of February 2d, very justly remarks:

The reasons given by Judge Reynolds against the bill introduced by Mr. Hawley to regulate the practice of medicine and surgery in California should be conclusive, and should put a summary end to the seeming attempt to establish a corner in the art of healing. It has been pointed out that the board of examiners provided for in the act would be vested with almost despotic powers, and would sit as a court of morals, of professional ethics and of medical and surgical inquisition, with power to render decrees which would be far reaching and from which there could be no appeal.

It is always a question whether the law-making power should concern itself in such matters as medicine and surgery, and it is certain that it should not where the effect of its action would be to set up a preferred guild

or caste. Medicine is not a science, the best that can be said for it, and if a doctor can aid a man with bread pills he ought to have a chance to do so, even though another doctor may declare that nothing but calomel and jalap will suit the invalid's case. The bill under consideration seems to put a premium on intolerance and to afford an opportunity for persecution or something very like it, and for these reasons it should not become a law.

After the bill, as originally presented, had received a decided frost in the Committee on Public Morals, it was tinkered up to assume a more decent appearance, and in its revised form was again urged for adoption. The daily papers, however, declare that in any shape the bill is an outrage.

We quote again from the Examiner:

The medical trust has plenty of determination in a bad cause. The check met in the committee last Tuesday only served to arouse the men who are resolved to rule the doctors of California, and they have brought influences to bear that have restored all the worst features of the bill.

The Senate committee has decided to recommend the passage of the bill and is ready to turn the doctors of the State over to a medical despotism of four "regulars," so-called, and three others.

We are at a loss to see what argument could have influenced the committees of the Legislature to favor this bill. It is impossible to see what gain they can expect to the State or even to the medical profession by setting up a Medical Inquisition of seven members, with absolute control over every doctor in California. And if such regulation should be considered necessary, why should a single school be given a majority that can control every physician of every school?

The heat of the quarrel between the different schools of medicine is notorious. The "regulars" on a municipal Board of Health resigned in a body because a homœopath was appointed as a member. Doctors of one school have left the bedside of a patient with angry words and thrown up the case because a doctor of another school had been called in his absence.

By what right is the State to put one of these schools above the other? On what ground can the Legislature say that the "regulars" are the only authorities in medicine and should have the control of those who practice the profession?

Not even the most violent of the "regulars" can assert that the last word has been said in medicine. It is the most backward, if the oldest, of the sciences. Its greatest triumphs are in the future. But they are not to be brought about by chaining doctors to a single school and bringing the power of the State to see that according to this and no other shall they believe and practice.

If such a commission were needed at all each school should have equal representation. But it is not needed. There is a good law on the statute books now. There is no complaint from the public of its operation. The public is not asking for an autocratic board of seven to regulate the practice of medicine by an unknown and arbitrary standard of "ethics." Nobody

wants it but the board of men who think that their profession can be made a close corporation under their own control.

California wants no Medical Star Chamber of seven, or any other number, of members. If there are abuses and crimes for which doctors are responsible, strengthen the laws so that they may be convicted and punished. For instance, last year a doctor was proved to have committed an abortion, but when tried the Court had to instruct the jury to acquit, because another medical trust had induced a former Legislature to declare that the proof was not evidence. There is the place to amend the laws to keep wicked doctors from injuring the people.

If the Legislature will restore the old law of evidence against physicians charged with crime or malpractice it will do more to protect the State against bad doctoring than if it had set up a dozen Medical Inquisitions with summary power to burn quacks at the stake.

We have quoted thus at length from the secular press as reflecting the honest opinions of the intelligent taxpayers of California. Without an exception, the unbiased citizens of the State pronounce it an unjust measure. There is no use trying to amend the bill to make it acceptable. It is a bad bill in its nature. It gives powers that ought not to be given; it raises up censors of opinion in matters where opinions should be unfettered. It is meant to bind by authority in a science that still has its greatest progress to make. There is an excellent law in force now in this State, and under it the Supreme Court has decided that a physician cannot be debarred from practicing his profession because of a breach of what other doctors consider professional ethics, so long as he does not commit a criminal act. This is sound law and sound policy, and it should not be departed from. No medical inquisition is wanted in California, and no trusts for cinching a particular school of doctors should be established.

C. L. TISDALE, M. D.

Personals.

DR. WILLIAM SIMPSON, of San Jose, was up a few days ago.

DR. J. P. FULLER, of Modesto, has been in town recently for rest and recreation.

A HOMŒOPATHIC practice is for sale in San Luis Obispo. For particulars address the editors.

DR. MAX J. WERDER will shortly undertake a trip to the southern part of the State on account of his health.

DR. WILLIAM BOERICKE is fixing up his new residence, 1812 Washington street, and will occupy the same before long.

AMONG those who went to Sacramento to look after the interests of Homœopathy in the Legislature are, DR. J. M. SELFRIDGE, of Oakland, and DR. H. C. FRENCH, of this city.

DR. A. B. NORTON, brother of the late GEORGE T. NORTON, and associated with him for the past ten years, has succeeded to his business—a worthy successor of his illustrious brother.

NUMEROUS applications for announcements for the coming session of the College have already come to the hands of the Dean and Registrar, and the prospect for a full class is very flattering.

THE Fifteenth Annual Session of the Missouri Institute of Homœopathy will be held at Kansas City, Tuesday, Wednesday and Thursday, April 21, 22 and 23, 1891; T. GRISWOLD COMSTOCK, M. D., is president.

WE have received several important books for review recently, among which are the "Principles of Medicine," by our Eclectic friend, DR. H. T. WEBSTER, and "A System of Practical and Scientific Physiognomy," by MARY O. STANTON, both of which we shall review in our next.

WE understand that our publishers, the enterprising firm of Boericke & Runyon, will shortly open a fully-equipped homœopathic pharmacy in Portland, Oregon, which is to be an exact counterpart of the one in this city. This will be a boon to our brethren of the north, and a good thing for the cause in general.

Obituary.

GEORGE S. NORTON.

George S. Norton, M. D., who died of pneumonia recently at his home, 154 West Thirty-fourth Street, was, although but a young man, already regarded as one of the best-posted oculists in the city. He was the son of the late Salmon K. Norton, of Great Barrington, Mass., and was born Dec. 8, 1851. He was educated at the South Berkshire Institute, at the Sedgwick Institute of Great Barrington, and took special courses at Dartmouth College. After coming to New York he entered the New York Homœopathic Medical College, where he was graduated in 1872. He at once began what has been a remarkably successful career.

Dr. Norton devoted himself after few years of general practice to the study of diseases of the eye and ear, and it was in this branch that he attained particular note. He was house surgeon for several years of the New York Ophthalmic Hospital. He afterward became first assistant surgeon and senior surgeon, and four years ago was made director of the same institution. For

the last fifteen years he had occupied the position of Professor of Ophthalmology in the College of the Hospital, and for about four years he had been Professor of ophthalmology in the New York Homœopathic Medical College. He was consulting oculist at the Ward's Island Homœopathic Hospital and at the Laura Franklin Free Hospital for Children. Last year he was made President of the Homœopathic Medical Society of the County of New York, and he was President of the Alumni Association of the Homœopathic Medical College.

As a writer on ophthalmological and otological subjects, Dr. Norton was extremely well known and prolific. He was editor of the *Journal of Ophthalmology, Otology and Laryngology*, and was the author of a standard work on ophthalmic therapeutics, the second edition of which was published in 1881.

Dr. Norton was well known socially as well as professionally. He was a member of the Jahr Club, of the Manhattan Athletic Club, and of the Driving Club. He married in September, 1875, Miss Kate Graham, who, with two children, survive him. He also leaves a younger brother, the oculist Dr. Arthur B. Norton.—*N. Y. Times*.

Book Reviews.

Boenninghausen's Therapeutic Pocket-book. T. F. ALLEN, H. P. H., 1891. **Rubrical and Regional Textbook of the H. M. M. Section on Urine and Urinary Organs.** By W. D. GENTRY, M.D. H. P. H., 1890.

Passing our well known pharmacy of Boericke & Runyon, I saw the above works on their counter and ordered them immediately, hoping and trusting that now I am one step nearer the goal in order to find the Similimum. I sighed deeply and commiserated my fellow beings for the up hill work to become a true and honest follower of the Master. Side by side I also put upon my table Lee's and Lippe's Repertories, and now I began to study in earnest some hard cases to which I was called in consultation, and telling my colleague that I go home and study the case up before prescribing, for the good book teaches us to wait and not spoil the case by a false prescription. I looked in vain in Boenninghausen for the symptom food will not go down as if prevented by spasm till after several attempts, and fluids return by the nose, as if squirted out. Lippe comes closest to it, but the remedy most suitable did not harmonize with the other symptoms, and for cough with tenacious expectoration these diverse repertories did not agree. In another consultation in a case of Bright's disease, the genuine one, with the albumen in the urine suffice for the indication, for many an albuminuria is a symptom of very little importance after all, we candidly acknowledge that we have found more solid comfort from Allen's Handbook and Allen's Symptom Register, in studying up a case, than from all other works in our rather extensive library. We beg the Allens, Kent, Wesselhoeft and others to teach the old and young how to use this celebrated Pocket-book, for after

all it will be found difficult to get from it enough hints in order to find in the *Materia Medica* the totality of the remedy corresponding with the case. Here the study of the organon needs commentation and even Dunham or Farrington are not satisfactory. Help the rising generation to become earnest followers of Hahnemann and his spirit will bless you forever more. I fear that we will have to wait a good while till we get from the publishers the *Concordance Repertory* to Gentry's *Materia Medica*, purified from all drugs and till then what will the poor searcher do to prescribe the right remedy? Life is short, but art is long, and there are so many rubrics and organs, that years may pass by before this stupendous undertaking is finished. Leaving the large amount of hard-earned dollars out of the question, still it will be a tax to the young practitioner, who has no fixed income, if the parts should follow one another too fast, while the more favored brothers will anxiously wait for each rubric and region. But the question hinges on the moment, and will Brother Gentry kindly teach us to what use we might put this first part in curing the afflicted. It will be the greatest boon to own an ideal *Materia Medica*, every attempt is a step forward, and therefore nil desperandum the parole. We want in the lecture room more teaching how to select the remedy, and in the clinique the practical application of the rules taught before, though after all the practitioner must rut out his own salvation to the best of his knowledge and instinctive insight in the case before him. Charity may cover a multitude of sins, but it will never cover the sins of the doctor.

S. L.

Transactions of the Homeœopathic Medical Society of the State of Pennsylvania.

Page 72, Dr. Martin of Pittsburg says: "*If our school of medicine is to survive it must survive upon its own merits. Its prosperity and growth will result only from a constant exemplification of the truth of the law which was adopted as the motto of our school.*"

Here we have all in a nut-shell, and in homœopathic transactions the touchstone of their value consists just in the proportion of the verification of this law in the daily practice of its adherents. This twenty-sixth report shows that at least in the State of Pennsylvania, the Mecca of American Homœopathy, the organon holds its sway to-day as it did in the good old times of Allentown, and let this State pride itself that it remains the Keystone for us all. It would be wrong to select papers out when we find so many valuable ones in the clinical bureau, teaching the proper and improper mode of prescribing. Let us all take the lesson to heart, for there is a great deal too much of that improper prescribing in the Homœopathic profession.

S. L.

Transactions of the American Institute of Homœopathy. 1890.

Sectional Bureaus, and sectional meetings, in fact medical art and science is nowadays too much divided off and thus has lost its unity, for after all the patient is a unity, and in his individuality has the keynote to remove his ailment. Specialists nowadays rule the roost and we feel sorry that such division became a detriment to pure, unadulterated Homœopathy. Looking at the report of the Gynæcological bureau, we find Surgery triumphant,

while even the old school calls for a halt in that direction. We did not expect much Homœopathy from the surgical bureau, though we thought that conservative surgery might include more reports of the action of Homœopathic remedies than is found in the transactions. Would that our surgeons had more faith in the application of the similar, and a better knowledge of our *Materia Medica* with its little wheat and many tares. So at least is the cry, raised everywhere, but we do not see that the *Materia Medica* and the Repertory of the future offers a solution. We always hear of the faulty arrangements of our *Materia Medica*, and though the cyclopædia of drug pathogenesis, as far as it dares to go, offers a solution, nobody has as yet formulated a better plan. We might just as well acknowledge that the study of our *Materia Medica* is up-hill work, a life-long study, hence that is some excuse for shortcomings, and still many physicians have mastered this art and cure their patients without having recurrence to the knife. We justly blame Peters & Potter and others for being renegades; we blame the editors of the N. Y. Times for the stand they occupy, and still there are too many members of the Institute who in their daily practice are not a whit better, and people must lose their confidence in our school, when they see so many allotria in vogue and when they see the failures of the prescribed, so-called, homœopathic remedies: Watchman, what of the night? It is better to raise the warning voice than to sit silent by and think: *Après moi le deluge*.

AN OLD GRUNTER.

Transactions of the Homœopathic Medical Society of the State of New York. Oct. 25, 1890.

"Auld lang Syne," and though absent in body, mind and heart reverts to the State and city where I passed most of my professional life and among the physicians I count so many familiar names, who do honor to the profession. Looking over the transactions I do not feel like grumbling and let us take the essays as they are. My dear old friend, the Dean of the New York College, hits the nail on the head, when he considers and teaches the treatment of patient and not of the disease, the alpha and omega of similia similibus curantur. The care of our school, as well as that of other schools, are specialties, for the specialists are very apt to neglect the patient in treating the specific case in hand, and the study of M. M. is neglected or slightly spoken of, as Dr. A. B. Norton does in his article on Glaucoma. Buena praises his antiseptics in the maternity, when high old school authorities insist upon that all antiseptics are needed for the accouchant and his instruments, and absolute cleanliness suffices for the mother. Extravagant antiseptics and unnecessary antipyresis are acknowledged to be unnecessary, but still our members are very apt to take up these fads to the detriment of honorable Homœopathy. Give our remedies a chance and you have no need of mercurial poisons and diabolic acids. Dr. Decker ought to join Egbert Guernsey; I like the frankness with which they state their case, and with Peters, Potter & Co., they ought to start a new school or join the ranks of the irregular regulars. How does my friend, Miss Grady, M. D., come to use such polypharmacy in ear affections? She certainly did not learn it from Drs. James or Houghton, but it is the care of specialism to lead to such outgrowth. These are the weeds in Homœopathy, but they are not found in the *Materia*

Medica. No proving, no reproving? I nearly feel ashamed to acknowledge such an oversight. Try, try again, and may the transactions of 1891 be the true exponents of the Homœopathy of Hahnemann and your children will call you blessed. S. L.

Headaches and their Concomittant Symptoms; with Repertory Analysis.

By JOHN C. KING, M. D. Second Edition. Chicago: W. A. Chatterton & Co., 1891.

King on headaches has always been a useful manual to the Homœopathic practitioner, in fact it is one of those rare birds known as a good book; we have always respected it and have recommended it to our students. The present edition differs in contents but little from the first edition, some additions and some omissions. We cannot understand why the author should have completely ignored the tissue remedies, especially as he states in the preface that remedies "clinically tested" as well as those "proved" have been included. We believe that many of the tissue remedies omitted would be found indicated fully as often as drugs like ginseng, formica, gamboge or stillingia, which are included. To look at the book, however, gives one a headache. it is cheaply and poorly bound, the paper is poor, the type is small and dirty and it is full of typographical errors. We do not know the price of it, but we have bought books for two-bits whose book making part was superior to this one. We are sorry to see such a good book in such a poor dress.

Secret Nostrums and Systems. Compiled by CHAS. W. OLESON, M. D.
Chicago: Oleson & Co., 1891. Price, \$2.

This little work is a book of formulas of secret nostrums and systems, and as such it will commend itself to every practitioner. To illustrate its use: the book had not laid an hour on our table when a patient remarked that she had been using "Thompson's Eye Water," and asked: "Do you know what that is, Doctor?" Turning to page 178 we found the formula in full. It seems to us as Homœopaths that the book has an especial value. Oftimes we are called to cases where the system has become poisoned by the constant use of some quack nostrum and in order to properly antidote its effect it is necessary to know its composition. This book fulfills this requirement and we find in it formulas of such well-known preparations as "St. Jacob's Oil," "Castoria," "Perry Davis' Pain Killer," "Piso's Cure," for consumption, "Ayer's Cherry Pectoral," "Garfield Tea," besides a complete exposé of such systems as Brinckerhoff's and Mitchell's pile cures etc., etc. We can commend this work as one which will not only be of interest but of practical use to the physician.

A CHICAGO PHYSICIAN states that Dr. J. A. Biegler, a homœopathist of Rochester, N. Y., discovered the Koch lymph many years ago, and has since been using it. He declares that he will not permit Koch to exclude Biegler from the fame attached to the discovery.

Clinical Items.

Erythoxyl. Coca, as coca wine, is of much benefit in long-standing laryngeal affections, and will assist the action of the chosen homœopathic remedies. In repeated attacks of hoarseness, a wineglassful of coca wine before using the voice to any extent.—*Ibid.*

Collinsonia is a valuable remedy for gravel. Should be given in mother tincture three times a day.

Hypericum administered in minute doses and applied as a lotion, 10 to 20 per cent. solution in water, is the best possible treatment for sprains involving the nerves, and pains after amputation; neuralgia in the seat of old wounds; pains from bites of animals or mangled wounds; threatened lockjaw.

Aranea—Intermittent fever with double chill, 9 A. M. and 9 P. M. Cold is excessive.

Kreosot—Spasmodic, moist cough, as if caused by something crawling behind the sternum.

Oxalic Acid—Numbness, tingling and pricking in the lower part of the spine.

Phosphor.—Vomiting in young children within a few minutes after drinking.

Scutellaria has been very efficacious in chorea, nervous excitement and tremors. Nervous irritability with want of sleep and restlessness. Cerebral and intestinal irritation during teething. Cardiac irritability, nervous palpitation.

Prunus Spinosa, for deep seated eye pains and inflammation of internal structure of eye.

Spongia—Valvular affections of heart, patient wakes suddenly with suffocating feelings.

Selections.

TO STUDY NEW DRUGS.

A New Kind of Laboratory to be Established in this City

A novel experiment to be tried in connection with the New York Homœopathic Medical College and Hospital, and one having a counterpart only at the University of Strasburg, is the establishment of a laboratory for the purpose of analyzing drugs and testing their effects upon human beings. The originator of the plan is Dr. T. F. Allen, Director of the Laboratory of Experimental Pharmacology at the College.

It is a principle of homœopathy not to use in cases of sickness drugs which have not been tested on human beings in their normal condition. While at one time or another in the history of medicine the standard drugs have been so tested, there are to-day many newly-discovered drugs and many eclectic remedies that have come to light in family practice that might prove of vast benefit to the world if there were institutions to analyze them and extract their curative principles. Within a short time, Dr. Allen has interested a wealthy New York gentleman in the plan and has secured an endowment for the building and thorough equipment of a laboratory, which will at once be built in connection with the New York Medical College, in Sixty-third street.

This laboratory will establish a rather unique industry in this city—that of “drug provers,” as they are called. They are the persons upon whom Dr. Allen will experiment. There will be no danger involved in these experiments, for the dose administered will be very small at first and will always be kept well within the safety limit. Dr. Allen says that wherever such tests have been made in the past (at Strasburg) it has been found that the general health is improved by these experiments. In order to secure systematic reports to be presented by the provers personally for criticism, a pecuniary reward will be offered, amounting to about \$5 a week. Both men and women are needed, and young physicians are preferred. At first not more than half a dozen of these

provers will be employed, and Dr. Allen says that he is already overrun with applications.

A good example of the work that is intended to be done is the series of experiments now being carried on by Dr. Allen on the Cedron nut, which is found on the Isthmus of Panama. It is used by the natives and has proved very efficacious in curing virulent fevers and malarial affections. Dr. Allen is having it carefully analyzed and is testing it on different persons, thus obtaining precise knowledge of the way it acts. He has secured about twenty-five pounds of the nuts by means of an expedition sent from Panama to Darien, and when he extracts the curative principle which is within the nut he feels confident that it will outstrip quinine in the medical world. It should be said that the experiments will be given to the world and published in the medical journals as soon as performed.

There is another drug—Aletris—which is known to be very efficacious in diseases of women. Then there are lichens. It is known that rock lichens and tree lichens have different properties. Experiments will determine these, and an important catarrhal remedy will probably be the result.—*N. Y. Times*.

COMMENTS UPON SOME MEDICINES.

BY W. C. GOODNO, M. D., PHILADELPHIA.

GUAIACUM.

Although guaiacum has recently attained quite a reputation in the old school as a remedy for tonsillitis when of rheumatic origin—by the way, an undoubted common cause of tonsillitis—I am not aware that we have profited by their experience. Its value in this affection should be more generally understood. Those who limit its use to sore throats with such an ætiology, however, miss much of value. In the ordinary forms of pharyngitis, such as so frequently develop after cold, it is nearly a specific remedy, much superior to belladonna and other medicines which are generally prescribed. In chronic pharyngitis I have found it of decided value, enabling me to cure several cases which had heretofore defied my efforts. In most nasal catarrhs, especially those

slight but persistent cases with a sense of obstruction, as from a quantity of tough mucus behind the soft palate, with frequent efforts to expectorate it, but with poor results, it has proved beneficial, especially locally. In nasal catarrh, acute and chronic, if of the superficial variety, it is often beneficial if blown over the affected surface several times daily. While occasionally brilliantly successful in tonsillitis if given early and in a proper dose, I have been more impressed with the action of guaiacum in the other affections mentioned. This may be due to their greater frequency and consequently to a larger experience with the medicine in the treatment of that class of troubles. While the evidences of a rheumatic diathesis strengthen the indications for guaiacum it must not be reserved for cases presenting such a history, as at present seems the custom.

The dose and manner of use seems to me important. It is best administered in the form of disks saturated with the tincture, each disk absorbing about 1 minim. The tincture being purely alcoholic does not soften the disk. Two to four of these disks may be given every one-half to six hours, according to the nature and acuteness of the case. For local use it is best prepared by thoroughly moistening with tincture a quantity of the finest powdered gum acacia in a mortar, dry in a warm place, triturate finely and add an equal quantity of the dry powdered gum acacia to reduce the strength of the preparation one-half. Full and half strength, as just described have been the preparations I have employed most. The powder is so fine that it can be blown into every part of the upper respiratory tract with the utmost ease. The dissolved gum arabic holds the remedy for a prolonged time in contact with the mucous membrane, and is far superior to the spray or any other mode of application. Occasionally it causes considerable sneezing and irritation if used in the full strength, but this result is exceptional. With most there is for a short time a slight smarting sensation which, however, quickly disappears. The tincture referred to is the *tinctura guaiaci*, U. S. P. For the inflation of powders, use a short glass tube, about two or three inches long, and small enough to be introduced into the nostril a distance, when the desire is to medicate the post-nasal space

especially, and when the application is to be made by the patient. To one end of this tube a piece of rubber tubing six inches long is attached, securing a size which will allow of its being readily slipped over the end of the glass, thus permitting the glass tube to be readily removed and washed. The end of the dry tube is inserted into the vial containing the powder into which it is pressed sufficiently to take up a couple of grains. The tube is then wiped off externally, introduced into the nostril, and the patient is then ready to blow with his own mouth the powder into the region desired. I may be seeming to dwell too much upon details, but attention to minutiae is necessary to success.

PERMANGANATE OF POTASH

has afforded me the best results in protracted or chronic "cold in the head"—*i. e.*, a blenorrhœa of the nasal mucous membrane, with free thick yellowish or greenish discharges. Irrigation of the nose once a day with a light lilac-colored solution in water will, in a few days, control the discharge thoroughly. Success is even better if used in trituration with gum acacia. I had much trouble in procuring such a preparation, as the permanganate of potash adheres to the pestle when triturated with gum. If the drug is not finely subdivided, it causes irritation. Several pharmacists to whom I applied supplied me with an article of this character, not only useless but harmful. After several trials, I have hit upon the following plan of preparation: Triturate one grain of permanganate of potash most thoroughly with two drachms of fine sugar of milk; then add six drachms of gum acacia. First, mix thoroughly, then triturate until a fine mixture is apparent. It can be further reduced by adding more gum if a weaker strength is required. In ozena, this powder can be blown over the nasal surface, preferably after cleansing, with the effect of removing the unpleasant odor, and soon reducing greatly the amount of discharge. This often proves a comfort to a whole family. I am satisfied that any one who will use this preparation of permanganate of potash in diphtheria will become enthusiastic respecting its value. No local treatment I am acquainted with—indeed no treatment of any character—has approached in results the

benefits derived from the local use of this drug. I have seen the swollen and obstructed nose discharging freely quantities of irritating fluid, the throat and communicating cavities containing large amounts of diphtheritic exudate, foul, and emitting a most offensive odor, transformed in a day, the discharge and odor ceasing and the inflammatory process rapidly diminishing, thus preventing or lessening the intensity of the "secondary poisoning," *i. e.*, the septic. Even if the nose is not apparently involved, it is well to treat these surfaces also; the inflation does no harm, and may prevent extension from the throat. When it is difficult to apply the powder to the pharynx or larynx, or both, I have succeeded by spraying the nasal surfaces with a one-per-cent. solution of cocaine, which permits the easy passage, in most cases, of a tube into the posterior nares or pharynx, through which the powder can be easily blown. The greater the amount of membrane and degree of tissue changed, the stronger and oftener can the inflations be made without irritation being excited; whereas, when the change is slight, as in the nose before involvement is marked, weak triturations only should be used, not stronger than one-half grain to the ounce. I would urge those who attempt this treatment to carry it out thoroughly. The result is almost certain if the powder is brought well in contact with the affected surfaces. Apparent failure I have seen converted into prompt success when the treatment has been applied afresh by an intelligent and fearless attendant. Children are inclined to resist much, which is neither distressing or even truly annoying, and thus intimidate a weak-hearted attendant. Insubordination should be checked at once in the beginning of the case. For instance, if the child objects to the inflations, the attendants should, without show of preparation, seize the child in such a manner that neither the body or hand can be moved. The grasp should be of such a character as to suggest, even to the mind of a child, that resistance is hopeless. This can be accomplished with all kindness and a smiling countenance. If this is properly done, the child is not terrorized, but simply discovers that it cannot resist. The fight is soon over, and the child is conquered as certainly as the horse that is thrown by the trainer in the ring. None of the pre-

parations for treatment should be made within view of the patient. When the patient is old enough to co-operate with the attendant, it is well to cleanse the surfaces before the inflations. The frequency of the inflations will depend upon their influence. They must be often enough to destroy the offensive odor and rapidly diminish the discharges and inflammatory action. During the first twenty-four hours I have made use of from three to eight or ten inflations at intervals of two to six or eight hours. By an "inflation" is meant a thorough application of the powder to the whole extent of the diseased surface, which may require the use of the tube several times. The very rapid decomposition of this drug, when in contact with organic matter, interferes with its use as an internal medicine.

COCAINE,

so valuable as a local anæsthetic, has as yet been but little used as an internal medicine. The well-known stimulating properties of the plant from which it is derived have suggested its value in various prostrating diseases. I have thus far attained an encouraging degree of success in the treatment of the condition called "heart-failure." Failing heart is due to so many causes that the term is indefinite, *i. e.*, in an ætiological sense. Cocaine seems to be most valuable in such cases as are due to the depressing action of poisons upon the pneumogastric nerve, resulting in rapid, weak pulse. Such is pre-eminently the character of the failing heart so frequently found in diphtheria. So often we find the child suffering with this affection quite bright, with strength apparently good, inclined to, or actually, playing, often insisting on sitting up in the lap, and yet, upon feeling of the pulse, we are astonished to find it very rapid and feeble, perhaps with disturbed rhythm, perhaps intermitting. We have all seen these cases die, few indeed surviving this impending paralysis of the heart. For several years past I have used and recommended kali cyanidum 3x for this condition, and feel it to be a remedy of power, but think that in cocaine we have a remedy of greater value. My experience, however, is as yet limited. A case illustrative of its value I saw during the past fall, the subject being a child four

years of age. When seen it had been sick for five days. The pharynx, nose, and in some degree the larynx and mouth, were involved; pulse feeble and rapid, seemingly out of proportion to the degree of general prostration. Within twenty-four hours kali permang., blown over the involved surfaces, removed the offensive odor and almost entirely stopped the ichorous discharge from the nose. The breathing was also much easier, but the pulse weaker. Cocaine 1x trit., in grain doses every two hours for six hours, then three to six hours, rapidly improved the pulse and removed all dangerous features. Less conspicuous results have been attained in three other cases somewhat resembling this one, but other remedies were given in two of them, and the effects of the medicine cannot, of course, be stated with the same certainty.

Since writing the preceding I have corroborated the statements made relative to the value of cocaine in diphtheria in a most striking case. Last Monday, January 5th, Dr. Ayres asked me to see with him a case of diphtheria of five days' standing in a little girl of five years. The symptoms were those of a malignant case. The entire throat was intensely inflamed, and contained considerable membranous exudate, widely distributed. The lymphatic glands at the angle of jaw much swollen. The nose was greatly obstructed and discharging freely an irritating, yellowish fluid. The upper lip and all the region about the nose and mouth with which the irritating discharge came in contact was very sore. Breathing through the nostril was so difficult that the mouth was kept widely open. There was some cough and laryngeal obstruction. The breath was offensive. The membrane broke down easily upon manipulation, and was darkening in color and growing foul from the admixture of food, etc. Prostration was marked. The pulse rapid, about 130, and easily compressed. The heart's impulse was feeble and the first sound short and strikingly valvular in quality, indeed much like the second sound. The child was restless and much distressed. We administered kali cyan. 3x trit., inflations of kali permang, and all the brandy which could be taken. Rectal alimentation the doctor had kept up for two days past. On Tuesday, January 6th, the discharge from the nose had almost ceased, as had the offensive odor. The

irritated face was dry and scabbing; the breathing through the nose quite easy; throat swollen less, and diminished indications of involvement of the larynx. But from the afternoon of the 5th stupor had gradually increased, and during the forenoon of the 6th it had been impossible to arouse the child by calling and disturbing it in various ways. The pulse was more frequent, and heart's first sound still more shortened and valvular in quality. Very slight pressure obliterated the radial pulse. On the 5th I had made a most unfavorable prognosis. On the 6th we had scarcely a hope of recovery; it seemed that the child must soon die from the general poisoning and heart failure. We now substituted cocaine 1st dec. trit., grs. i every three hours, for kali cyn. 3x, continued the inflation less frequently, and ordered all the brandy which could be administered. This proved to be little, not more than a teaspoonful every two or three hours. Within four hours after commencing the cocaine the friends noticed improvement. By evening consciousness returned, and upon my visit Wednesday noon the child was wide awake, taking in all the surroundings, and constantly in fear of being disturbed by the inflations or the giving of food. The pulse had doubled in volume and the element of impulsion was again added to the heart's first sound. We lengthened the intervals between the doses of cocaine from four to six hours, as well as between the inflations. A little milk was taken. This morning, at 12 o'clock, I found the child asleep on the right side, her knees drawn up, both hands under the face, breathing quietly. The pulse was good, the sore face had nearly healed, and the discharge from the nose almost gone. The mother said that yesterday afternoon the child asked for toast and tea and ate considerable. Recovery is undoubtedly assured.

This is the most brilliant cure of diphtheria it has been my fortune to witness; indeed I look upon this case as quite a remarkable one. The mortality among this class of diphtheritics is almost 100 per cent. under any treatment whatsoever, and I am sure all will hail with pleasure a remedy which promises anything for their relief. The mortality is especially high among young children who cannot be persuaded to take food and stimulants, and all medicines have seemed to fail quite regularly, whether well selected ones on the homœopathic principle or heart stimulants prescribed for their physiological action.

Proving of Ammonium Bromatum.

Dr. John C. Morgan took ammonium bromatum, 3x trituration, several times daily for three days. The first symptom noticed was a feeling of malaise and fatigue, worse on lying down, and worse after the emission of flatus while urinating, Tickling in the trachea and bronchial tubes, attended by cough and slight scraping in throat while coughing. Sneezing on moving about in a cool room, or on raising the arms; slight thin discharge from right nares (next day this was thicker); sensitive to cold air; chilly feeling in back of chest and nape of neck; increased mucus in pharynx causing cough.

Second day, 10 A. M.—Voice changed as from obstructed nose, in a warm room; when walking in the open air, the nose smarted as if raw; worse when inspiring; later sneezing; in the evening cough dry and irritating. Woke at 3 A. M., with cough, increased by pressure on throat; increased discharge from bronchi and nose.

Third day—Mind more resolute and active; coughed but little, and that was loose. At 4:30 P. M., sneezing on going into a warm room; in the evening, difficult vision and hemiopia, followed by coughing and right-sided headache increased by coughing.

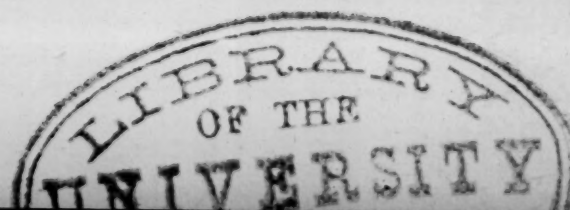
Fourth day, 3 A. M.—Waked with pain from sternum to spine, relieved by changing position. Later, while writing, misspelled words or numbers; persistent disposition to stoppage of the nose in a warm room; felt timid, discouraged, lacked self-confidence; also considerable malaise and languor, with nervous restlessness; desire for external warmth and for hot drinks; pains in legs at intervals; worse from motion. After a fatiguing walk late in the evening, irregular action of the heart; 1 A. M., whistling respiration, apparently from left nostril; sticking pains in the right ear.

After these symptoms there occurred for some days frequent attacks of colicky pains in the lower abdomen, also a thick discharge from the nose. During the whole of the latter part of the proving there was an irritable feeling under finger nails, relieved only by biting them.—*A. I. H.*, 1890.

Pædiatric Hints.

Always teach a nurse that a child cannot swallow as long as the spoon is between the teeth; that it is advisable to depress the tongue a brief moment and withdraw the spoonful at once, and that now and then a momentary compression of the nose is a good adjuvant.

The rectum of the young is straight; the sacrum but little concave, the sphincter ani feeble, and self-control is



developed; but gradually, for these reasons, rectal injection is allowed to flow out or is vehemently expelled. Therefore, one which is expected to be retained must not irritate. The blandest and mildest is a solution of six or seven parts of chloride of sodium in a thousands part of water [teaspoonful salt to quart water], which serves as a good vehicle for medicine unless incompatible with the latter. The injection must be made while the child is lying on its side, (preferably the left side), not on the belly, over the lap of the nurse, for in this position the space inside the narrow infantile pelvis is reduced to almost nothing.

In many cases of intense intestinal catarrh, large and hot (104 degs. to 108 degs. F.) enemata will relieve the irritability of the bowels and contribute to recovery. They must be repeated several times daily. When there are many stools, and these complicated with tenesmus, an injection, tepid or hot, must, or may be made after every defecation, and will speedily relieve the tenesmus.—*Dr. Abraham Jacobi, in Arch. of Pediat.*

Cereus Bonplandii.

Dr. E. M. Hale, reviewing the medicinal qualities of this drug, speaks as follows: The symptoms are not the same as those of cactus. *Cereus bonplandii* has "convulsive pains at the heart," but the prover does not mention the "sensation as of a band" about that organ. It has also the feeling "as if the heart was transfixed by some blunt instrument," "sensations as of a great stone laid upon the heart," and "pricking pain in the heart." These symptoms show that it causes, like cactus, some kind of spasmodic action in the heart, but with a distinction sufficient for us to differentiate the two remedies. *Cereus ponblandii* has "difficult sighing respirations, as from some great oppression of the chest." Dr. Hale states that he has used the drug in many cases where the symptoms were not clearly enough described to indicate cactus, yet indicated a weakness and spasmodic irritability of the heart. This drug has a group of mental symptoms differing much from those of cactus. The prover had a "great desire to work" "and to be doing something useful," indicating a stimulating action on the cerebrum. Cactus has inconsolable melancholy, and fear of death, with weeping, a condition resembling aconite and indicating an entirely different cerebral condition. *Cereus bonplandii* may prove a remedy equal to *spigelia* for pain in the eyes, and, like it, may be indicated in *exophthalmus*. The headache of this remedy is not as severe in the vertex as that of cactus, but it has a similar occipital pain.—*Transactions of the A. I. H., 1890.*